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ABSTRACT

Smart Start is North Carolina's partnership between state government and local leaders, service providers, and families to better serve children under 6 years and their families. This study examined characteristics of families participating in Smart Start, their child care arrangements and family activities, and their need for and use of community services. Participating in interviews were 356 randomly selected families from the first 12 Smart Start partnerships. The major findings indicate that majority of families served are poor or working poor, with the majority of mothers employed. Eighty percent of families had a child in care more than 20 hours weekly. Many low income parents spent more than 10 percent of their income on child care. Children from middle class families were in better health than those in low income families. Low income families used emergency room care three times as often as middle income families. Smart Start families appear to be doing the same kinds of family activities as a national sample of families of preschoolers. Families learned about services most often through word of mouth and the telephone directory. Low income families used more types of community services than middle income families. The findings suggest that the Smart Start program is serving a variety of families, with the primary recipients low income or working poor families. Appended are descriptions of the sampling procedures and explanation of the procedures to identify low family income. (Author/KB)

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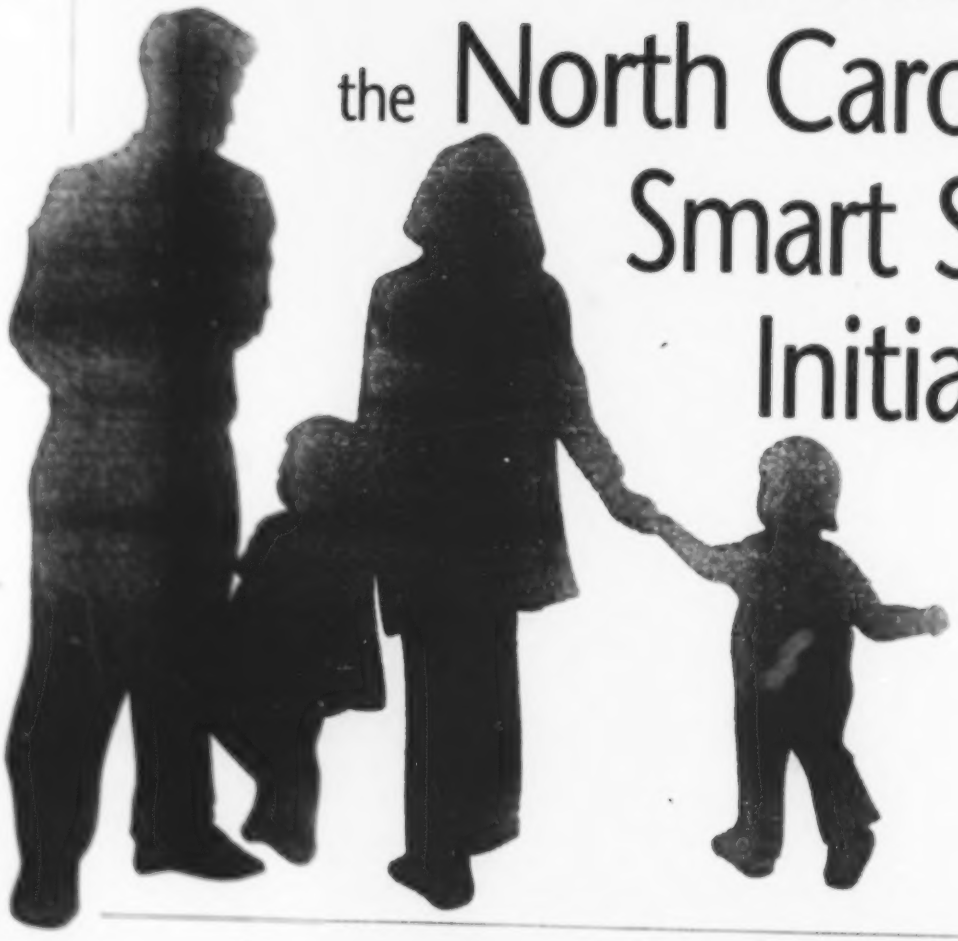
Smart START

# Families & the North Carolina Smart Start Initiative



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# Families & the North Carolina Smart Start Initiative

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This report was written by Betsy Lowman, Donna Bryant, and Adam Zolotor with editorial help from the Smart Start evaluation team. The data for this report were gathered as part of the Smart Start Evaluation contract from the Department of Human Resources to the University of North Carolina at Chapel Hill. We are grateful for the help of the county evaluators who conducted the interviews—Lynn Amwake, Rhode Bicknell, Ginger Bishop, Vicki Boggs, Rhonda Boone, Holly Ellwanger, Helen Hall, Sandy Hamrick, Barbara Hobbs, Artemis Malekpour, Ann Eley Riddick, Cheryl Robinson, Debbie Sadler, Beth Tanner, and Amy Whitcher.

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For additional copies of this report or other Smart Start evaluation reports contact Marie Butts at the Frank Porter Graham Child Development Center, 105 Smith Level Road, CB #8180, Chapel Hill, NC 27599-8180 or call (919) 966-4295.

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# Comments from Smart Start Families

*If it weren't for the help I got from the day care assistance program, I wouldn't be able to work and I would not have the income to help our family meet its needs. If it weren't for programs like this, more people would have to go on welfare.*

*I like living here because the Smart Start Program is in place here, and my children and I were in desperate need of some help.*

*The Parent Educator [from a program supported by Smart Start] taught me ways to cope with my child who would bite herself and hold her breath until she turned blue.*

*We really appreciate Smart Start funding that assisted our center becoming a "AA" center.*

*My child was in an unacceptable day care situation (family day care home) where children were not allowed to engage in activities. I was telling a friend about the situation—bad day care, no money for good day care—and the friend suggested Smart Start. My child is now in excellent day care and I am extremely happy and relieved.*

*Until Smart Start, I had a very difficult time finding child care. Centers would close and others had long waiting lists. I am very happy with my present child care center [which Smart Start helped open].*

*I just love the Parents as Teachers program. It's excellent.*

*Smart Start is wonderful. It reaches a lot of people when you improve a center.*

*I couldn't have a job without Smart Start.*

*I like that Smart Start helps other people. I know that some of the mothers at my child's center wouldn't have child care without Smart Start.*

*The best thing that has impacted my child has been the day care setting. The speech therapy he has received has been wonderful.*

*My children are my inspiration. If not for Smart Start, I would not be in school. I want to be able to give my children what they need.*

# Families & the North Carolina Smart Start Initiative

*Executive Summary*

This is a report about the families who are participating in Smart Start, the North Carolina Early Childhood Initiative. To learn about these families, their child care arrangements and family activities, and their need for and use of community services, 356 randomly selected families were interviewed for about an hour in their homes using a protocol of standard questions. This sample of families from the first twelve Smart Start partnerships was proportioned to match the funding spent by the local partnerships on particular types of programs. Most families were receiving a child care subsidy or had a child attending a center receiving a quality improvement grant, though some families were participating in family support programs or health initiatives funded by Smart Start. The interviews included questions about child care, health services, family activities with children, and community services and involvement. The results are briefly summarized below.

## Section 1—Characteristics of Smart Start Families

Smart Start serves a wide variety of families across the state, but the majority are poor or working poor with a median income of $20,000 a year. The typical Smart Start family includes a mother, a father and two children. The majority of mothers (71%) are employed, and those who work average 37.5 hours/week. Most Smart Start families are long-time residents of their county.

## Section 2—Child Care

Eighty percent (80%) of the families had a child in care more than 20 hours per week. In choosing child care arrangements, Smart Start families primarily consider the values and goals of the program and the characteristics of the child care provider, although 5% of families report that their child is in the *only* care available to them. Parents are mostly pleased with their own child care arrangements, but they rate the quality of care in their county in general as lower than their own arrangement. The average annual cost of child care for one child was $1,281 for low income families and $2,605 for middle income families, and child care subsidies were used by most of the low income families. Many low income families (30%) spend more than 10% of their income on child care, and 16% of low income families spend more than 20% of their annual income on child care. Smart Start families were highly satisfied with the child care information and referral services that they had used in their communities.

## Section 3—Health Care for Children

Most children (91%) were reported to be in good or excellent health, although children from middle income families were reported to be in better health and to have fewer illnesses than children from low income families. Children from low income families were also more likely to have been taken to the emergency room and to have been hospitalized in the last year. Their hospital stays were also considerably longer than those of middle income children. Private providers deliver most of the health care to these children,

# Executive Summary

although low income families use emergency room care when their child is sick three times as often as middle income families. Parents were pleased with the services they received from both private and public providers but were not as pleased with emergency room care. Children from low income families were more likely to have received hearing, language, learning, and vision screenings than children from middle income families, consistent with their mothers' reports of less optimal overall health and perhaps a sign that child care and health programs serving children from low income families are more likely to conduct screenings.

## Section 4—Family Activities and Community Support for Families

Parents participating in Smart Start have high expectations for their children's learning, and almost all parents want their child to go to college. North Carolina families engage in a wide variety of activities with their young children and appear to be doing most of the same kinds of activities about equally as often as a national sample of families of preschoolers. Most Smart Start families (75%) are involved in one or more community group, most frequently (60%) a religious group. However, 25% of families were not involved in any community activity. The majority of families (79%) reported having high "family strengths" (ability to cope with life's challenges). Most would go to a person in their informal network of relatives and friends if they needed to talk to someone about family problems. Despite the increasing presence of information and referral sources for all types of community assistance, families still learn about services most often in the old-fashioned way—through word of mouth and from the phone book. Low income families more frequently reported using most types of community services than did middle income families. All families who used various community services found them highly satisfactory.

## Summary

Based on these interviews, it appears that the Smart Start program is serving a broad range of North Carolina families, as was intended. The primary recipients are low income or working poor families with small children who need child care subsidies because they work at lower wage jobs. However, many middle income families are also benefiting from Smart Start efforts to improve the availability and quality of child care. Parents are very satisfied with their child care and with the child care referral network in their community, many of which have been established through Smart Start. Most Smart Start families spend time in activities with their children daily, attend church regularly, have confidence in their ability to cope with their problems, and rely primarily on family and friends when they do need help. Most are satisfied with the family support services offered in their communities, many funded wholly or in part by Smart Start. The integration of new child care or family support programs into the network of existing community services has been accomplished so well in some communities that families did not even know they were beneficiaries of Smart Start. This illustrates good service delivery policy but makes evaluation more challenging.

## Current and Future Use of These Data

These comprehensive data about families who have participated in Smart Start may lead to a better understanding of families and their needs, which in turn may help in the tailoring of services or fine-tuning of policies and procedures at the state or local level. This report could also be used in three other ways: 1) In conducting their local evaluations, partnerships may use these overall data in comparison to samples of families from local programs who may be asked some of the same questions. 2) Another round of interviews conducted in the future by the statewide evaluation team might reveal changes over time in the types of families served as Smart Start becomes more integrated into community services delivery systems or more focused in its mission. 3) Including families from partnerships that entered Smart Start later (i.e., in 1994, 1995, and 1996) in a future set of interviews would allow comparisons based on years of experience with Smart Start.

The evaluation team is investigating more streamlined ways to assess family well-being, access to child care services, and use of other community services, and may undertake some smaller-scale studies in the coming year. The challenge of linking family information with data on child progress is also being addressed. For the present, however, this comprehensive information about the families participating in Smart Start provides a broader picture of the wide range of families who are benefiting from Smart Start programs and the areas of need that still remain.

# Families & the North Carolina Smart Start Initiative

**What kinds of families participate in Smart Start? How do they select child care and what does it cost? What do they think of the other family programs in their county? The purpose of this report is to answer these and other questions related to Smart Start based on 356 interviews of families participating in the initiative.**

The North Carolina Early Childhood Initiative, better known as Smart Start, is a partnership between state government, local leaders, service providers, and families to better serve young children. The main goal of Smart Start is to ensure that all children enter school healthy and prepared to succeed. Smart Start's innovative approach requires that local community partnerships plan how best to meet their own community's needs, improve and expand existing programs for children and families, and design and implement new programs. Using additional funds allocated by the state legislature (about $50 million in 1995) each partnership decides how best to meet the needs of children and families locally, but all partnerships are working to improve the quality of family services.

### The main goals of Smart Start

- Children are healthy and prepared to succeed in school.
- Families effectively fulfill their role as primary providers, nurturers, and teachers.
- High-quality, affordable early childhood services are available for children and families.
- North Carolina counties value children and families by providing options and resources to parents and by encouraging collaboration among agencies that serve families.

In the interviews reported here, families were asked questions related to the Smart Start goals. Questions concerned child care services, parent/child activities in the home, health care, and how families access and use community services. Basic descriptive information about the family such as ages, number of children, education, and employment was also collected.

## Who Was Interviewed for This Report?

A randomly selected sample of 356 parents from programs funded by the twelve first round Smart Start partnerships were interviewed for this report. In order to represent the full range of families being served, we recruited families who were receiving child care subsidies, families whose child attended a center receiving a quality improvement grant, and families participating in family support programs or health improvement initiatives. The number of families from each of these four types of programs was proportioned in each county to represent the amount of money the partnership spent on these four types of programs. The distribution of families who were interviewed closely matched the distribution of funds across the partnerships. Complete details about how families were selected and recruited are in Appendix A.

**The remainder of this report summarizes**

- characteristics of families participating in Smart Start,
- families' need for, use of, and attitudes about child care,
- children's health status and their families' experiences with health care services, and
- families' activities and involvement with their children and with their communities.

The information was collected during a 45-60 minute interview conducted with one parent, most often in the home, between April 1, 1995 and February 29, 1996.

In this report, we will present information from low income and middle income families separately as well as from all 356 families. Although family income was *not* considered in recruiting families, we present data for this report by two income groups because some Smart Start programs such as child care subsidies are mainly available to low income families and other programs such as quality enhancements of day care centers are available to all families. The two income groups might also be expected to differ with respect to certain questions such as the need for particular services or the barriers to accessing those services. For a full discussion of how families were determined to be low or middle income, see Appendix B.

Some of the families interviewed did not know they were beneficiaries of Smart Start programs. This is possible because parents were randomly selected from a wide variety of programs supported by Smart Start, and not all of the programs "advertised" as such. For example, a child care center received a quality improvement grant, but the parent we interviewed from that center did not know or remember this fact. A parent participating in a family resource program knew its local name but did not know that it was funded partly or wholly by Smart Start. The interview was not intended to be a test of public awareness of Smart Start but to be a description of the lives and experiences of parents and children participating in Smart Start.

## Who Receives Smart Start Services?

The characteristics of the families who were interviewed are presented in Table 1. Most of those interviewed were female (96%) and ranged in age from 15 to 59 years of age with an average age of 30. Their educational level ranged from 0 (recent immigrants with no formal schooling) to 21 years, with an average of 13.2, indicating about 1 year of college. Almost half were currently married, although the low income group included many more single, divorced, or separated parents. Slightly more than half of those interviewed were white (54%); 41% were African-American; and the remaining 5% were of some other ethnicity.

The families interviewed for this report were very diverse. Family households ranged in size from 1 to 15 with an average of 3.7 people per household, including an average of 1.9 children, most of whom were less than 5 years of age. Most households (65%) were composed of three or four persons and 80% had only 1 or 2 children. However, among low income families, several had 3, 4, or more children. Most of the families had lived in their communities for a fairly long time. Middle income families had been in the community only slightly longer than low income families (16 years and 14 years, respectively), and only 7% of low income families and 1% of middle income families were newcomers (less than a year in residence).

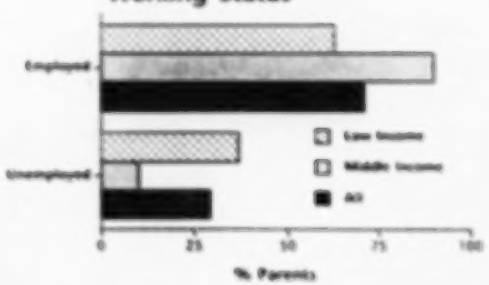
If a family had more than one child under age 6, the child-focused questions on the interview were asked about the child who had celebrated his or her birthday most recently (a way to randomly select one child if a family had two or more preschoolers). The questions about child care, health services and family activities were then asked about this child only. The characteristics of these "local" children are also summarized in Table 1. Half were girls and the children ranged in age from infants to 5-year-olds with an average age of 3 years. Overall, 9% of the children were receiving a special service, such as speech therapy. A much higher percentage of children with special needs came from low income families than from middle income families (12% vs. 3%).

**Table 1. Characteristics of Families Interviewed**

| | Low Income N=238 | Middle Income N=104 | All N=356* |
|---|---|---|---|
| **Parent Characteristics** | | | |
| Gender, % female | 97 | 94 | 96 |
| **Age, mean years** | 29.1 | 31.5 | 29.8 |
| **Education, %** | | | |
| Less than high school | 23% | 3% | 17% |
| High school graduate | 26 | 25 | 25 |
| Some college | 43 | 33 | 40 |
| College degree or higher | 8 | 39 | 18 |
| **Marital status, %** | | | |
| Married | 34% | 82% | 48% |
| Single | 38 | 8 | 29 |
| Divorced/Separated | 25 | 11 | 22 |
| Widowed/Other | 3 | 0 | 2 |
| **Race, %** | | | |
| White/Caucasian | 45% | 74% | 54% |
| Black/African American | 48 | 23 | 41 |
| Hispanic | 3 | 1 | 2 |
| Multiracial | 2 | 1 | 2 |
| Native American/Indian | 1 | 1 | 1 |
| Other | 1 | 0 | 1 |
| **Focal Child Characteristics** | | | |
| **Gender, % girls** | 52% | 43% | 50% |
| **Age, mean years** | 3.2 | 3.1 | 3.1 |
| **Age by category, %** | | | |
| Less than 1 | 10% | 10% | 10% |
| 1 | 13 | 16 | 14 |
| 2 | 16 | 19 | 17 |
| 3 | 27 | 24 | 26 |
| 4 | 19 | 19 | 20 |
| 5 | 15 | 12 | 13 |
| **Receiving special services** | 12% | 3% | 9% |

*14 families who did not report income are included in the total sample but not in the subgroups.

**Figure 1.**
**Working Status**

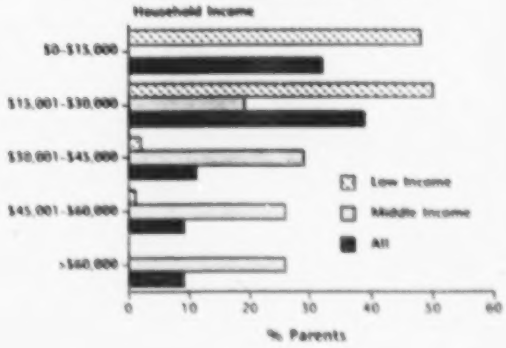



## What Is the Economic Situation of Smart Start Families?

The 356 families who were interviewed for this report illustrate the wide economic spectrum of families being served by Smart Start (see Figure 1). Most (71%) of those interviewed, primarily mothers, were employed and worked an average of 37.5 hours per week in a wide variety of occupations. The 104 unemployed parents (29% of total sample) had been out of work for an average of 20 months. Of these 104, 28% were looking for work. Some of those not looking for paid work considered themselves homemakers, and a few were retired women who were the primary caregivers of their grandchildren.

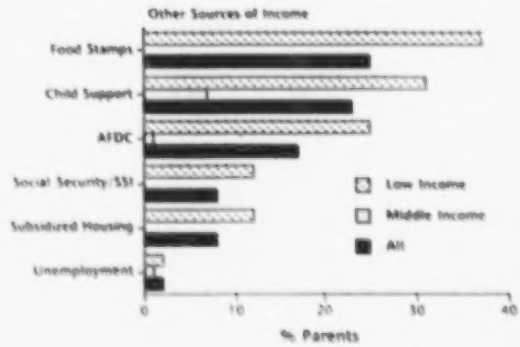
The median household income of these Smart Start families was $20,000, including both the mother's and father's salaries if both worked. (The median is the value in the middle of the distribution of incomes: half of the families earned more than the median and half earned less.) The incomes of middle income families varied widely, while the incomes of low income families were clustered toward the bottom of the income range. Three low income families earned more than $30,000, but these families were supporting many members, including one family of 15. Using federal income guidelines that adjust for family size, such a family is considered low income. Many Smart Start families, particularly those in which the adults were unemployed or making poverty wages, had other sources of income. Primarily they received food stamps, child support payments from absent parents, and AFDC.

**Figure 2.**
**Median Household Income**




These employment and income figures show that Smart Start is serving a wide range of North Carolina families, from the unemployed to the working poor to the better off, although the majority of Smart Start families are poor or working poor. Smart Start funds support a variety of programs targeting and benefiting different types of families. *All* families benefit from the programs to improve the quality of child care and family and health services. Low income families also benefit particularly from the subsidy programs. While serving many kinds of North Carolina families, Smart Start programs most *typically* serve working poor families with an average family income of about $20,000 who receive some additional benefits such as food stamps. Raising a family on this amount of money is difficult, and many of these families may need other kinds of support. In order for both parents to work, child care is essential, and this topic is addressed in the next section.

**Figure 3.**
**Other Sources Of Income**

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# Section 2

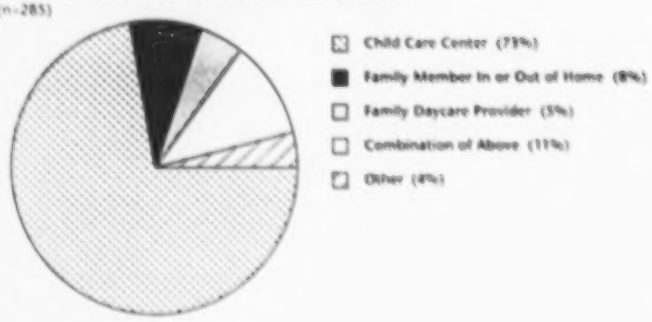
## Child Care

Child care is an important issue for parents of young children, and many Smart Start efforts are being directed at improving the supply and quality of child care. Over 80% of the parents interviewed had a child cared for by someone other than themselves for more than 20 hours per week. This is not surprising since the families were selected to reflect the types of programs being funded by Smart Start and a large proportion of these programs involve child care. In addition, many families selected from the family support and health programs also had a child or children in child care.

### Who Cares for Children When Their Parents Work or Go to School?

Among the Smart Start families interviewed, 285 children were cared for by someone other than their parent for more than 20 hours per week, and 73% of them were enrolled in child care centers. Much smaller percentages of families used family daycare providers or family members in the child's or a relative's home. The pattern was the same for both low income and middle income families. Because Smart Start funds many child care initiatives (e.g., subsidies and quality improvements), in 1995 the average Smart Start family was more likely to have a child in center-based care (73%) than the average NC family with a child in care (34%).

**Type of Child Care Used by Families with Children in Care >20 Hrs/Week**
(n=285)




### What Do Parents Look For in Choosing Their Child Care Arrangement?

If their child was cared for by someone else for more than 20 hours a week (80% of those interviewed), parents described that care. Parents acknowledged all the reasons that they considered in choosing a child care arrangement from a list of possible reasons provided by the interviewer. The two most frequently cited reasons given by both low and middle income families were the values and goals of the program and a favorable impression of the particular child care provider (see Figure 4). Convenient hours, the reputation of the program, and proximity to home or work were next in importance to middle income families. Convenient hours, proximity to home, and willingness to accept child care subsidy payments were next in importance for low income parents. Choice of child care is limited for many families. Many other families have to search for child care that will accept infants or children with special needs. Five percent (5%) of families reported that their current arrangement was the *only* one available to them.

Since parents value the goals and objectives of the program and the personal qualities and skills of the child care provider, one might expect parents to be pleased with any Smart Start efforts to advance the goals of the center or family daycare home and to support good child care providers through subsidies, grants, training initiatives or salary supplements. Smart Start efforts to increase child care options should clearly benefit many of these families.



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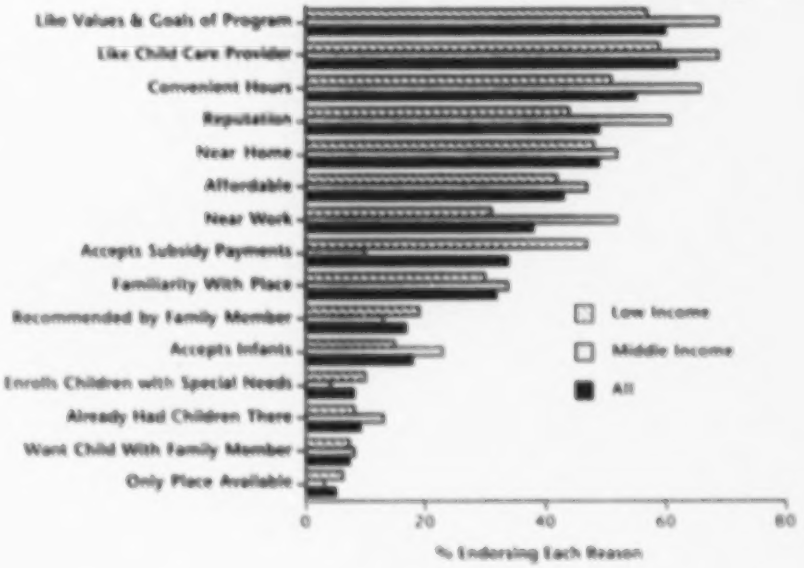
## How Do Parents Rate Child Care?

Smart Start parents liked their present child care arrangements very much. Their average rating of their child's current arrangement was 4.6 on a 5-point scale (where 4=good and 5=excellent). In contrast, parents thought that child care in their county overall was not as good as what they were able to arrange for their own child (mean rating of 3.6 for their county) as illustrated in Figure 5. Low and middle income families were quite similar in their ratings. Other studies have found that parents tend to rate their own child's arrangement as "good" even when independent observers have rated the same classroom "poor," which suggests that parents rate care differently than experts and/or need to be more informed about how to evaluate the quality of the care their child is receiving.

Figure 4.
Reasons for Selecting Child Care Arrangement




## What Are Families Paying for Child Care?

Families with at least one child in child care for more than 20 hours per week were asked questions about the costs of this care. The average annual cost of care for one child was $1,838, with middle income families paying more than twice as much for care as low income families (see Table 2 on following page). Child care subsidies were likely making up part of the difference between what families paid for care and the true cost of that care ($3,600–$4,800/year in NC). Many families had more than one child in full-day care or were also paying for after-school care for school-age children. The average cost of all child care for families was $2,049 per year, with a large difference between low and middle income families ($1,358/year compared to $3,493/year). The cost of child care in a center was significantly higher than the cost of care in family daycare homes. The least expensive care was when a relative looked after the child. Thirty families were using more than one type of arrangement.

Figure 5.
How Do Parents Rate Child Care?

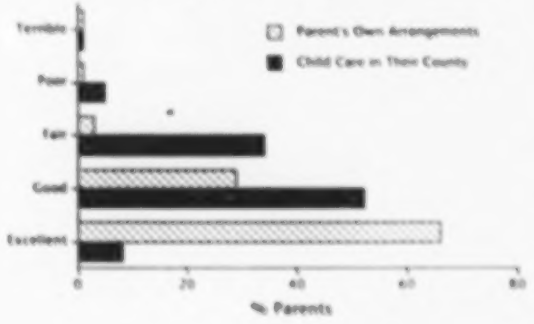



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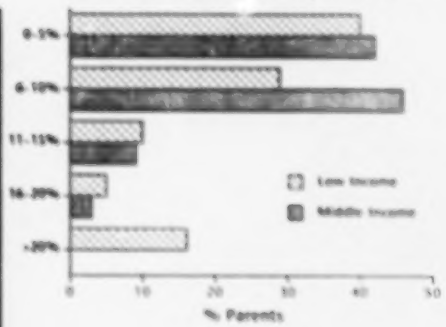
**Table 2. What Are Families Paying for Child Care?**

| | Low Income N=82–152[b] | Middle Income N=58–89 | All[a] N=143–236 |
|---|---|---|---|
| **Yearly cost of child care for one child** | $1,281 | $2,605 | $1,838 |
| **Yearly cost of care by type** | | | |
| (Ns in parentheses) | | | |
| Family member | $559 (14) | $1,590 (4) | $848 (19) |
| Family daycare home | 972 (10) | 3,154 (5) | 1,699 (15) |
| Child care center | 1,540 (128) | 3,716 (70) | 2,296 (202) |
| Combination arrangements | 1,489 (22) | 3,270 (8) | 1,964 (30) |
| **Mean percent of income spent on child care** | 10.7% | 6.3% | 9.0% |
| **% Receiving financial assistance for child care** | 85% | 33% | 67% |
| **Sources of financial assistance, %** | | | |
| Government subsidies | 83% | 25% | 64% |
| Tax credits/deductions | 5 | 2 | 4 |
| Child care from child support | 6 | 3 | 5 |
| Family and friends | 5 | 3 | 5 |

[a]14 families who did not report income are included in the total sample but not in the subgroups. [b]Numbers vary because some questions were not answered by some families.

**Figure 6.**
**Percent of Income Spent on Child Care**




The National Association for the Education of Young Children has estimated that 10% of family income is about the upper limit of what most families can afford to pay for child care. Among these Smart Start families, the average percentage of income spent on child care was 11% for low income families and 6% for middle income families. Though families in the middle income group paid over twice as much per year for child care as did low income families, the amount was a smaller percentage of their total income. Smart Start is helping to keep child care costs affordable for many families, especially those in the low income range, but many low income families (30%) still pay more than 10% of their family income for child care, and 16% of low income families spend more than 20% of their income on child care costs as indicated in Figure 6.

Over half of the families interviewed (85% of the low income and 33% of the middle income parents) received some form of financial assistance for child care, primarily from Smart Start and other government agencies, foster child payments or supplements for child care for children with disabilities. Some families received assistance from more than one source. Curiously, only 2% of middle income families reported using tax credits or deductions, a type of support that most of these families should be able to claim. Perhaps the parent interviewed did not know that their family was claiming the tax credit,

or perhaps child and family programs should increase educational efforts with families to help them tap this additional child care resource.

## What Child Care Services Do Parents Need and Use, and Are Parents Satisfied with Services?

Child care for an infant had been needed in the past year by over 40% of the Smart Start families interviewed for this report, and 60% had needed child care for a preschool child. Fifty-five percent said they needed financial help with child care, and 30% had needed information about child care in their community. The need for child care information was reported as often by parents with a child in child care as parents without a child in child care.

Though these North Carolina families varied in how much they needed various child care services, if they needed the services they very frequently found and used those services as evidenced by the high percentages in the "Used" categories in the tables to the right. Low and middle income families were very similar in their need for infant and preschool child care services, but low income families more often needed financial help with child care. Finally, if parents used the service they reported being very satisfied with the service. All satisfaction percentages were greater than 90%.

**Figure 7.**
**Child Care Services Needed & Used by Low Income Families**

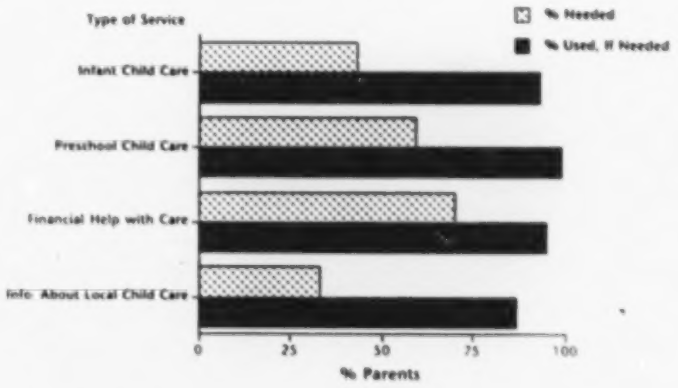



**Figure 8.**
**Child Care Services Needed & Used by Middle Income Families**

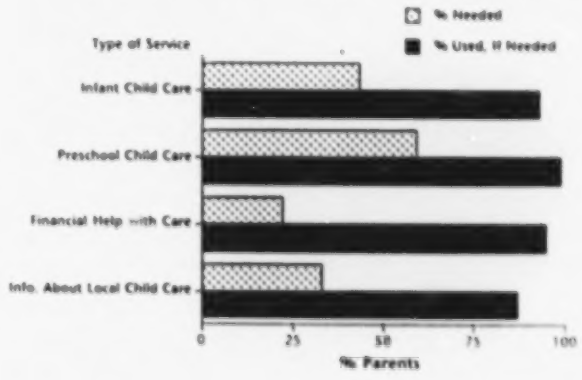
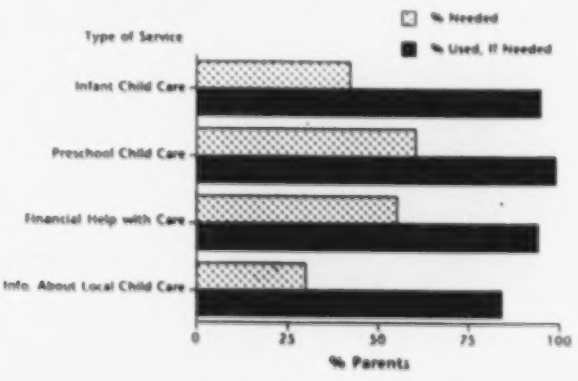



**Figure 9.**
**Child Care Services Needed & Used by All Families**

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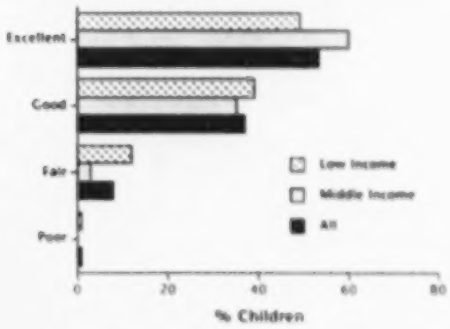
# Section 3

## Health Care for Children

**What are the health care needs of North Carolina's children? Where do parents take their children for care? What services do they receive, and how are the families treated? One of the goals of Smart Start is that children arrive at school healthy. To this end, partnerships are funding a variety of immunization, screening, health education, and other health services. The family interview included many questions about the focal child's health and health care services available in the community.**

**Figure 10.**
**Child's General Health as Reported by Mothers**

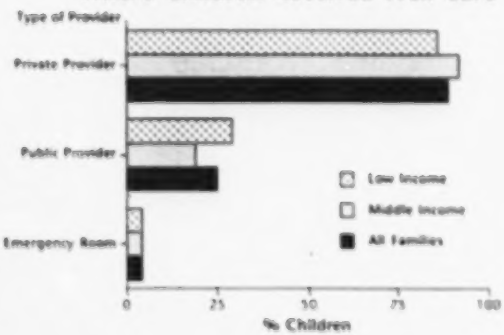



### How Healthy Are Smart Start Children?

Most (91%) of the children of families participating in the Smart Start interviews were reported to be in "good" or "excellent" health by their mothers, with only 9% reported to be in "fair" or "poor" health, but a significant gap existed between low and middle income families. Ninety-seven percent of middle income mothers reported that their child was in "good" or "excellent" health compared to 88% of low income mothers. The percentage of children reported to be in "good" or "excellent" health is encouraging, but the difference between low and middle income groups suggests that the health of low income children still needs to be improved (see Figure 10).

Families were asked separately about well child care (for example, routine physicals) and sick child care (for example, infectious diseases, accidents, and emergencies). For each type of care, families indicated where they received care and how satisfied they were with that care. Most children of the Smart Start families interviewed received both sick and well child care from private health care providers in the past year.

**Figure 11.**
**Where Children Received Well Care**




### Where Do Families Receive Health Care?

For well child care, 89% of the families interviewed saw private providers in the past year, 25% saw public providers, and 4% went to the emergency room (see Figure 11). (The total percentages add to greater than 100% because some people reported taking their child to more than one type of provider.) A significantly higher percentage of low income children went to public providers for well child care (29% versus 19%). Overall, parents were satisfied with well child care from all three sources, but they were most satisfied with private providers.

Among the children of families interviewed for this report who received sick child care in the previous year, 93% were seen by private providers, 6% by public providers, and 21% in emergency rooms. Emergency rooms were used by 27% of the children from low income families compared to 15% of the children from middle income families (see Figure 12). Parents were highly satisfied with private and public providers but were less satisfied with emergency room providers, especially middle income parents.



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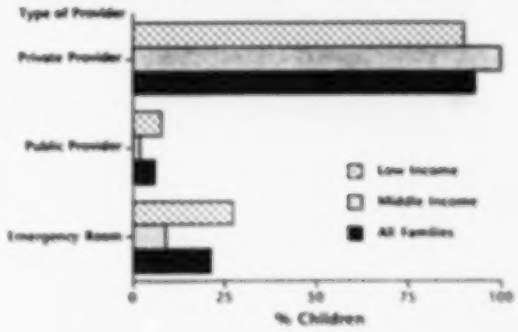
The proportion of low income children using emergency rooms is cause for concern. The pattern may reflect poorer general health among low income children for whom common ailments may more easily become serious. It may also reflect poorer access to the usual sources of care (i.e., public clinics may have limited hours or be farther away from home). All parents tend to be less satisfied with emergency room treatment, and the cost for sick child care at an emergency room is far higher than at a public or private provider facility.

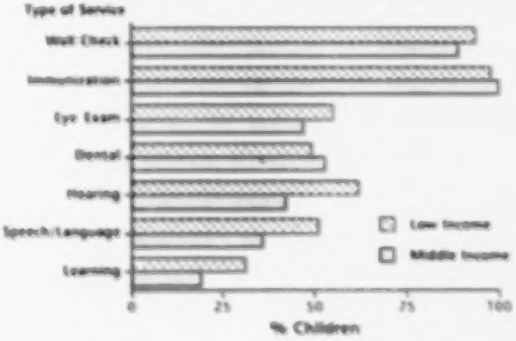
**Figure 12.**
**Where Children Received Sick Care**




## Do Children Receive Appropriate Basic Health Care Services?

The parents who were interviewed were given a list of basic health care services and developmental screenings appropriate to pre-school age children and asked which services their child had received in the past year. Low income children were more likely to have received more types of service than middle income children, consistent with the lower estimation of their children's health by low income mothers. This perhaps led parents to initiate more contacts with the health care system and more services for their children. However, children from low income families received slightly fewer immunizations and dental exams than did middle income children (see Figure 13). These findings suggest areas where Smart Start might target future efforts to close the gaps between the health of low and middle income children. Both low and middle income parents reported high rates of immunization of their children.

**Figure 13.**
**Age Approprate Health Promotion & Screening Services Received in the Last Year**




## Do Children Receive Help with Special Problems?

Parents were asked if their child needed help for health problems such as vision, hearing, lead poisoning, underweight, overweight, short for age, speech or language, physical/motor, anemia, or dental problems. Low income families reported their child having health problems twice as often (40%) as middle income families (20%), but the percent of those reporting problems who did not receive needed help was the same in both groups (9%). While it is encouraging that a high percentage of children needing health services have received them, twice as many children in low income families reported needing help, so a greater number of low income children are not receiving that help.

## Do Children Have Serious, Long Term Health Problems?

Parents reported on the severity of health problems among their children over the past year. About one-third (34%) reported problems that limited activity for more than half a day, 17% reported chronic problems that lasted more than three months, and 12% reported problems that required hospitalization. The proportion of children with one or more serious health problems highlights the need for services to ensure that North Carolina children are healthy by the age of five. Low income parents reported more of all three types of problems than did middle income parents. The most common chronic

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conditions reported were asthma (21%), ear infections (21%), allergies (13%), and bronchial problems (8%).

Several questions on the family interview concerned hospital visits. Low income children required hospitalization twice as often as middle income children (15% versus 8%). Once in the hospital, the average length of stay was almost six times as long for low income children (11.5 days vs. 2.1 days), suggesting more serious illnesses among this group. No children from middle income families spent more than 6 days in the hospital, compared to 11 children from low income families interviewed for this report. Because of the high cost of hospitalization, disease prevention could lead to significant savings on health care costs for low income families.

# Family Activities and Community Support for Families

Section 4

One of the main goals of Smart Start is that parents effectively fulfill their role as primary teachers and caregivers of their children. Many Smart Start activities are directed towards helping families better help their children. The local partnerships have funded programs to teach parenting skills, encourage reading and literacy activities, provide information about needed resources, support parents and children through difficult times, and promote parent involvement. Therefore the family interview included questions about the typical activities families do together, the kinds of help families want or need, where they go for help, and their impression of their family's strengths. The information in this section documents family and community activities of families participating in Smart Start.

## What Are Parents' Learning Expectations for Their Children?

Parents' expectations for their children's learning accomplishments were optimistic and high for both how well they would learn in school and whether they would go to college. When asked how readily they thought their child would master the basics of the school curriculum, most parents thought that learning math and learning to read and write would be relatively easy for their child, although they thought math might be a little more difficult than reading and writing. Low income families tended to think that their children would have a little more difficulty mastering basic skills, compared to middle income families. Overall, however, most families expected their children to learn readily to read, write, and do math.

A large majority of NC parents (71%) reported that they want their child to finish college and 15% even expected their child to attend graduate school. Only a small number of parents (18% of low income and 7% of middle income) thought that a high school degree was the highest education their child should complete. Clearly, parents who are participating in Smart Start have high aspirations for their children. What are parents doing to support these aspirations? That topic was the focus of several questions on the interview.

## What Activities Are Families Doing with Their Young Children?

The type and frequency of activities parents were engaged in with their young children at home were of interest. The interview included two questions from the 1993 National Household Educational Survey (NHES) of 6500 parents with children aged 3–6 so we could compare North Carolina families to a national sample. These questions listed a number of activities and asked if someone in the family had done the activity with the child in the past week or in the past month.

North Carolina families reported being involved in many different activities with their children, very similar to the families in the national survey. Although slightly fewer low income families report engaging in most of these activities, the differences between low income and middle income



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groups were not significant except for reading which was significantly less frequent among low income than middle income parents. The data are presented in Table 3 by age of child for all Smart Start families (both income groups combined) and the NHES sample.

**Table 3. Family Activities with Child**

| | Smart Start Families | | | National |
|---|---|---|---|---|
| | Child 0–2 yrs N=146 | Child 3 yrs N=92 | Child 4–5 yrs. N=118 | Household Sample N=6500 |
| **Activities in the Past Week** | | | | |
| Read to child, % yes | 90 | 91 | 93 | 90 |
| Told a story | 75 | 80 | 84 | 75 |
| Taught songs or music | 88 | 85 | 80 | 67 |
| Taught letters, words, numbers | 74 | 84 | 89 | 88 |
| Did arts and crafts | 35 | 66 | 67 | 68 |
| Played w/toys or games indoors | 93 | 92 | 97 | 95 |
| Played games or sports outdoors | 71 | 68 | 81 | 63 |
| Took along on errands | 93 | 90 | 92 | 94 |
| Involved child in chores | 53 | 93 | 96 | 92 |
| Watched educ. TV w/child | 69 | 74 | 80 | 71 |
| Taught colors, shapes | 55 | 79 | 67 | NA |
| **Activities in the Past Month** | | | | |
| Attended a community/ religious event | 60 | 65 | 64 | 51 |
| Discussed family history/ ethnic heritage | 38 | 47 | 53 | 45 |
| Visited a library | 20 | 24 | 43 | 40 |
| Attended a play/concert/show | 14 | 17 | 25 | 23 |
| Visited a zoo/aquarium | 16 | 20 | 16 | 17 |
| Visited a museum/art gallery/ historical site | 11 | 17 | 27 | 19 |
| Visited a playground/park | 64 | 72 | 70 | NA |

The percentages of North Carolina Smart Start families who reported engaging in these activities with their child in the past week or month were as high or higher than the national percentages. For the particularly important activity of reading to a child, 93% of parents of 4–5-year olds reported that they had read to their child in the past week. Telling stories and teaching songs were considerably higher among NC families also. Attending religious or community events, discussing family history and heritage, and visiting museums, galleries, or historical sites were considerably higher for NC families than the national sample. The NC sample included higher percentages of families earning less than $30,000 per year than did the national sample (66% vs. 54%), so it appears that the comparative lack of financial resources in the NC sample did not diminish their level of involvement with their child compared to a somewhat more advantaged group. Since these NC families were participating in at least one Smart Start-funded program (that is how they were selected), they may have been encouraged to engage in some of these activities. There is, of course, some natural tendency for parents to report doing more activities with their child than they actually do, but this bias existed in the national survey as well.



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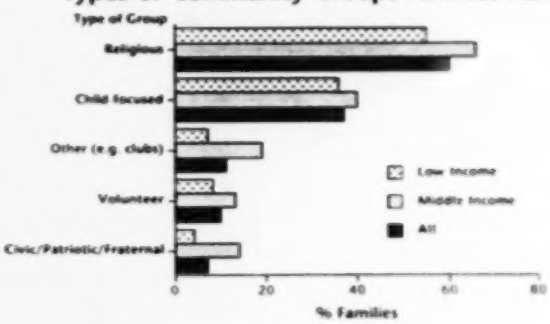
## Do Smart Start Families Participate in Community Groups?

One goal of Smart Start is for parents to be better role models for their children. Involvement with civic, religious, and community groups can directly benefit both parents and children and can indirectly encourage children's civic involvement as they see their parents participate in the life of the community. The Smart Start family interview included a question to gauge the level of parents' ties with groups and organizations within their community.

As indicated in Figure 14, participation in religious activities was the most frequently reported type of community involvement for both income groups, followed by participation in community groups focused on families and young children (such as PTA, YMCA, child care center board). One-fourth of the families (29% of low income and 18% of middle income) were not involved in any organized community activity, although 38% of families (33% of low income and 47% of middle income) were involved in two or more community organizations.

**Figure 14.**
**Types of Community Groups Families Participate In**




More Smart Start families were involved in a religious organization than in any other activity. Although all these families had a young child and were therefore eligible for or might be expected to be involved in an organization involving young children and families (i.e., the YMCA or a Parents of Preschoolers group), only 37% of families were members of such a group. Agencies trying to distribute information about new family and child services, enroll families in such programs, or recruit volunteers for new programs should note that just targeting child-focused groups will miss a large number of parents of young children. Many families (25%) with young children belong to a religious group and no other community group, so these organizations should not be overlooked when conducting information campaigns, needs assessments, or recruitment efforts.

## What is the Outlook on Life of Parents in Smart Start?

The family interview featured a question to measure what parents thought about their family and its strengths. The Family Strength Index (Family Council of North Carolina, 1996) includes six questions about aspects of family life that in past research have been tied to family success (e.g., How able is your household to solve personal or family problems that come up during the course of everyday living?). On this index, the mean score for all families was 2.33 out of 3 with middle income families reporting greater strength (2.55) than low income families (2.23). Seventy-nine percent (79%) of the families reported high levels of coping, somewhat lower than the 84% reported in the most recent random survey by the Family Council of North Carolina (FCNC). The percentage of poor families in both groups reporting high agreement with family strength items was almost the same, 72% in the FCNC study and 74% in the Smart Start sample, although the definition of low income was somewhat different for the two studies. Clearly, fewer low income families reported high family strengths than middle income families, although the high percentages of low income families who reported having the strength to cope with the pressures they face seems positive given their circumstances.

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## To Whom Do Parents Talk about Problems?

It is important to have someone to talk to about family problems and other troubles. The family interviewer asked parents who they would likely contact about their problems. Both low and middle income parents reported that they would most likely talk to their spouse or partner, another family member, or a close friend. Next in order of likelihood of contact were a health care professional, a minister and school personnel, though these people were mentioned less often by low income parents than by middle income parents. Police, lawyers, mental health professionals, support groups, co-workers, and neighbors/acquaintances all received ratings below the average likelihood ratings for the whole list of contacts.

This question highlights the importance of the informal network of families and friends that most families have. Widely disseminated information about infants, toddlers, and preschoolers—even to people who may not appear to have a need for information related to young children—may eventually be received by parents of young children through their informal support networks.

## How Do Parents Learn About Services?

Parents were asked how they learned about services available in their community. Parents were read all options and responded whether they had learned about any service from that source in the past year. Their most frequent responses as shown in Table 4 were "word-of-mouth" and "friends and relatives." The telephone book ranked third. Note that two activities that most Smart Start partnerships funded—a directory of community services and referrals among agencies—were cited by over half the families, but they were not the sources most frequently used.

**Table 4. How Parents Learn about Services**

| | Low Income N=252 | Middle Income N=104 | All N=356 |
|---|---|---|---|
| Word of mouth | 78% | 87% | 80% |
| Friends and relatives | 78 | 87 | 79 |
| Phone book | 71 | 83 | 73 |
| Directory of community services | 59 | 69 | 61 |
| Call an agency | 56 | 63 | 58 |
| Minister/teachers/professionals | 51 | 65 | 54 |
| Referral/other agency | 56 | 48 | 53 |
| Information/referral service | 42 | 45 | 43 |
| Newspaper | 43 | 41 | 43 |
| Library | 29 | 41 | 33 |
| Hot line/Help line/911 | 28 | 32 | 29 |
| Radio | 14 | 13 | 14 |
| Other | 5 | 7 | 6 |

## What Community Programs Are Needed and Used by Parents and Are Parents Satisfied with the Services?

Many Smart Start-funded services in individual counties have been made available based on a community needs assessment to determine the kinds of services and programs that families of young children needed and wanted. The family interview included questions about families' needs similar to those used in the earlier needs assessment. The results are presented in Table 5. The first column of numbers in the table indicates the percentages of families who stated a *need* for each service; the second column is the percentage of those families who expressed a need who actually *used* the service in the past year.

**Table 5. Parents' Need for & Use of Different Community Services**

| | Low Income | | Middle Income | | All | |
|---|---|---|---|---|---|---|
| | Needed/Used | | Needed/Used | | Needed/Used | |
| | N=238 | | N=104 | | N=356 | |
| Health care for child(ren) | 82% | 98% | 83% | 98% | 81% | 98% |
| Dental care services | 64 | 83 | 73 | 97 | 66 | 87 |
| Health care for self | 63 | 93 | 69 | 97 | 64 | 95 |
| Childcare for preschooler | 59 | 99 | 66 | 99 | 60 | 99 |
| Financial assistance for child care | 70 | 95 | 22 | 92 | 55 | 94 |
| Childcare for infant/toddler | 43 | 93 | 42 | 98 | 42 | 95 |
| Nutrition/safety information | 40 | 97 | 31 | 86 | 37 | 94 |
| Child devel. information | 37 | 91 | 38 | 88 | 37 | 91 |
| Child care resource and referral information | 33 | 87 | 22 | 78 | 30 | 83 |
| Parenting training | 21 | 64 | 20 | 81 | 22 | 70 |
| Prenatal care | 18 | 100 | 21 | 92 | 19 | 97 |
| Health care for infant | 20 | 100 | 17 | 96 | 19 | 99 |
| Family planning information | 17 | 98 | 12 | 87 | 16 | 94 |
| Transportation to services | 19 | 73 | 4 | 17 | 14 | 67 |
| Financial counseling | 16 | 40 | 6 | 57 | 12 | 43 |
| Marriage or family counseling | 13 | 52 | 9 | 67 | 11 | 55 |
| Serv. for children w/disabilities | 13 | 83 | 5 | 100 | 10 | 87 |

The most needed and used services among both low and middle income families were health care for children, dental care, health care for oneself, and child care for preschoolers. Financial assistance for child care was needed much more frequently by low income than middle income parents, as one might expect. Low income families reported needing and using more of almost all types of services than did middle income families. Child care for preschool children was needed much more frequently than child care for infants in both income groups. This is somewhat surprising given that many studies have reported that the need for infant care is especially high. Perhaps in this sample of families, many of whom already had arranged for child care, the perceived need was less. Perhaps, also, these families' participation in Smart Start had made a difference in this area. The difference between the "needed" and "used" percentages varied across the different needs and indicated that some needs (health care for children and for self) were being met more frequently than others (e.g., parenting training, transportation, financial counseling, and marriage and family counseling).



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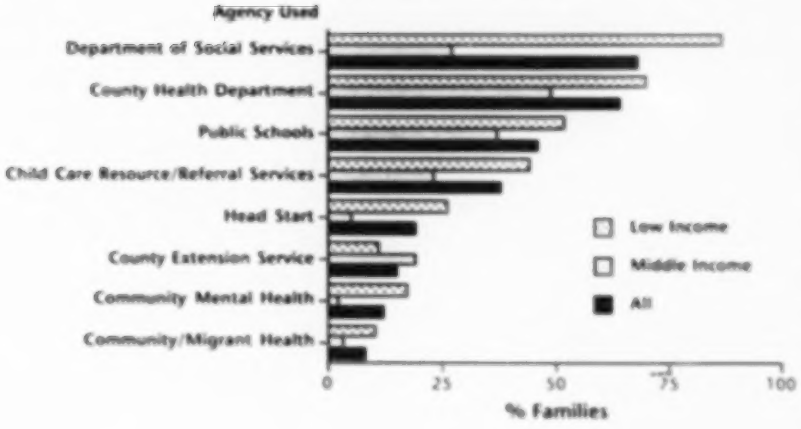
The percentage of satisfied parents among those who had actually used a service ranged from 91–100% across service types, with the exception of transportation, with which only 85% of parents were satisfied. Clearly, once families are referred to or find a service and are able to use the service, they are satisfied with it.

## What Service Agencies Do Families Use and Are they Helpful?

Knowing which agencies families use and what families need, Smart Start counties can better plan to expand existing programs or to start new programs for families with young children. The interview included a question about which service agencies a family had used in the past year. The parent also rated the agency's helpfulness if she had used the agency.

Figure 15.
Agencies Families Use




The Department of Social Services and the County Health Department were the agencies most frequently used by families in the Smart Start sample (Figure 15) with the total group percentages influenced by the quite high percentage of low income families who had used these agencies. Low income families more frequently reported using most of the services than did middle income families. As often happens with helpfulness ratings, families thought that all the agencies they had used were very helpful. Although Head Start, Child Care Resource and Referral, and community health centers were rated the most helpful, their ratings were not substantially higher than those of other agencies.

## What Barriers Do Parents Perceive to Services?

Some activities had been funded by Smart Start in response to earlier community needs assessments about the barriers to services that local parents have encountered. The family interview also included a question about barriers to needed services. Almost half the families reported no barriers to services, although this response was more prevalent among middle income families. Both low and middle income families who did report barriers most frequently mentioned the high cost of services (including child care) and lack of weekend and evening hours. Low income families identified lack of child care and lack of transportation as barriers to services more often than did middle income families; both low and middle income families acknowledged unpleasant staff attitudes.

Overall, low income families perceived more barriers to services than did middle income families. As noted earlier, low income families more frequently *use* the major service agencies and thus have more opportunities to



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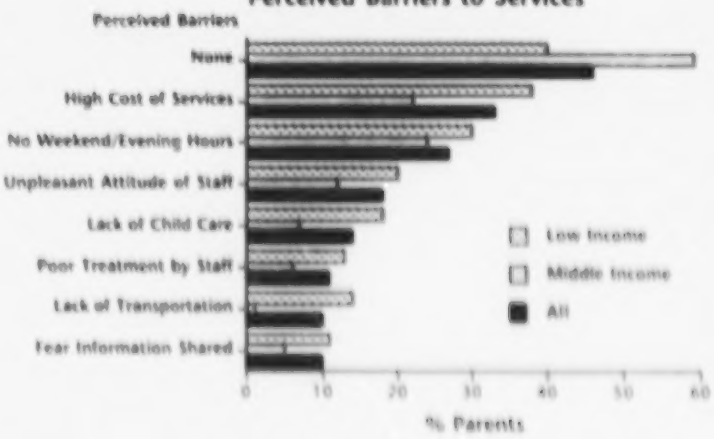
*experience* barriers to service. In addition, they have fewer financial resources with which to overcome barriers than do middle income people. However, middle income families did report some barriers, just not as many as low income families. (The numbers in Figure 16 add to greater than 100% because parents were asked to acknowledge all the barriers they had encountered.)

**Figure 16.**
**Perceived Barriers to Services**

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## Sampling Procedures

The initial goal of this part of the Smart Start evaluation was to interview 50 families in each of the "pioneer" (first round) Smart Start partnerships (11 counties and one region of seven counties). Within each county we wanted to select families from various Smart Start projects in proportion to the total funds allocated to different types of projects. All partnerships spent a significant percentage of their service moneys to increase child care subsidies for children from low income families and to conduct other programs to improve the quality of child care centers; therefore, many families were selected from these programs, 35% and 31% respectively. Partnerships funded a variety of family support programs such as MotherRead, Parents as Teachers, and family resource centers, so 25% of the parents were randomly selected from lists of parents in these programs. Finally, 9% of the families interviewed were selected from various health programs. These percentages were almost identical to the distribution of Smart Start funds into these four broad categories of programs.

## Recruiting Families

Local county evaluators recruited families for interviews. First, letters were sent to agencies that received funds in each of the four main types of programs asking for their assistance in recruiting families. When there were numerous agencies from which to sample families (e.g., 25 child care centers receiving quality enhancement grants), agencies or programs were selected randomly. If one agency could not participate, another was chosen randomly from among those remaining. A random sample of families was drawn from each of these programs' client lists.

This procedure was followed for about 85% of the agencies from whom families were needed. Some of the health and social services departments that administered Smart Start programs required a family's written permission before releasing their name to the Smart Start county evaluators. Response to this type of mailed request (with a stamped self-addressed return response enclosed) was extremely poor, varying from 7 to 15% across counties. Several mental health programs that received Smart Start funds refused to participate altogether for reasons of confidentiality. When this occurred, we tried to find another Smart Start program from which to recruit.

Once the county evaluator had obtained the list of randomly selected families from a particular agency, she sent letters to each family explaining the interview and followed up shortly with a telephone call. We were not able to reach some families, especially those selected from the programs administered by the Department of Social Services and the Health Department, many of whom did not have telephones. Field interviewers made a special effort to reach families by going to the homes of one in ten (10%) of these "hard to reach" families; sometimes this approach was successful. When parents missed a scheduled interview, the interviewer made repeated efforts to reschedule. Of the 441 families contacted, 356 completed an interview, an 81% response rate.

When presenting the questions, the interviewer read all the items to the parent. Each interview took 45–60 minutes to complete. Parents were told they could choose to skip questions if they wished and some did, as indicated in the variable number of responses in the summary tables of this report. Each family received a book for their child after completing the interview.

## Instrument Development

In addition to demographic information about the families, the main topics covered in the family interview were the families' activities related to health care, child care, and social services, and the activities that families regularly did with their young children and within their communities.

Many questions about medical needs and services were adapted from the "Family Ties" interviews conducted in many Smart Start counties as an initial needs assessment. A few items and scales about parenting practices were included from the National Household Educational Survey (NHES), a 1993 survey of a national sample of thousands of households with young children. Whenever possible, the exact wording of questions was adopted so these parents' responses could be compared to those of parents in the NHES study. The interview was designed to be administered in less than 60 minutes to allow county partnerships to add questions relevant to local programs to the interview; two counties did so. The interview protocol can be obtained from the evaluation team at the FPG Center.

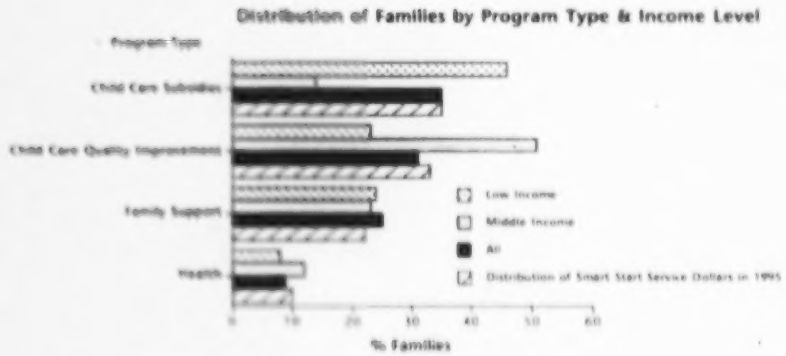
### Questions Addressed by the Family Interview

- What do parents consider when choosing child care?
- What proportion of family income is spent on child care?
- Are families able to access proper health care for themselves and their children?
- What kinds of support services do familes use?
- Who helps families with their problems?

# Appendix B

Low income is defined according to federal guidelines as a family income less than 185% of the poverty level, taking into consideration family size. In North Carolina 185% of the poverty level is less than $27,000 annually for a family of four.

Among the families interviewed, family income was not reported by 53 parents (15%). In these cases, the family was categorized as low income if they reported receiving AFDC, food stamps, SSI, or subsidized housing (N=29). Of the remaining 24 families who did not report income, 10 had been recruited through child care subsidy programs, so we presumed they were low income because that is a requirement of such programs. The remaining fourteen families could not be categorized as low or middle income. Information from these families are included whenever data on all families are presented, but their responses are not included in either the low or middle income groups.




The graph at left shows the percentage of families within each income group who were recruited from the different types of programs. The low income families were more likely to have been recruited from subsidy programs, and the middle income families were more likely to have been recruited from child care quality improvement programs. Smart Start subsidy programs are offered primarily to low income families, accounting for the 46% proportion in this group. Some partnerships have raised the income eligibility level, however, so some middle income families (14%, probably those families just over the "middle income" threshold) were eligible for small subsidies and thus eligible to be recruited for an interview. Child care quality enhancement grants were awarded to many centers, and some families were selected from these center rolls for interviews. Thus, several middle income or even upper income families from quality-enhanced centers were interviewed.



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## Reports From the UNC Smart Start Evaluation Team

Reports

**Emerging Themes and Lessons Learned:
The First Year of Smart Start (August 1994)**
This report describes the first-year planning process of the pioneer partnerships and makes some recommendations for improving the process.

**Smart Start Evaluation Plan (September 1994)**
This report describes our comprehensive evaluation plan, designed to capture the breadth of programs implemented across the Smart Start partnerships and the extent of possible changes that might result from Smart Start efforts.

**Keeping the Vision in Front of You:
Results from Smart Start Key Participant Interviews (May 1995)**
This report documents the process as pioneer partnerships completed their planning year and moved into implementation.

**North Carolina's Smart Start Initiative:
1994–95 Annual Evaluation Report (June 1995)**
This report summarizes the evaluation findings to date from both quantitative and qualitative data sources.

**Reinventing Government? Perspectives on the
Smart Start Implementation Process (November 1995)**
This report documents pioneer partnership members' perspectives on 2 major process goals of Smart Start: non-bureaucratic decision making and broad-based participation.

**Center-based Child Care in the Pioneer
Smart Start Partnerships of North Carolina (May 1996)**
This brief report summarizes the key findings from the 1994-95 data on child care quality.

**Effects of Smart Start on Young Children with Disabilities
and their Families (December 1996)**
This report summarizes a study of the impact of Smart Start on children with disabilities.

**Bringing the Community into the Process: Issues and Promising Practices for Involving Parents and Business in Local Smart Start Partnerships (April 1997)**
This report describes findings from interviews and case studies about the involvement of parents and business leaders in the Smart Start decision-making process.

**The Effects of Smart Start on the Quality of Child Care (April 1997)**
This report presents the results of a 2-year study of the quality of child care in the 12 pioneer partnerships.

**Kindergartners' Skills in Smart Start Counties in 1995:
A Baseline From Which to Measure Change (July 1997)**
This report presents baseline findings of kindergartners' skills in the 43 Smart Start counties.

**To obtain copies of these reports, please call Marie Butts at (919) 966-4295.**